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# IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

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TO:	U.S. Patent and Trademark Office Examiner: Phylesha Larvinia Dabney Art Unit: 2646	DATÉ: _	Мау 22, 2006
FROM:	Troy M. Schmelzer	TIME: _	
TOTAL	NO. OF PAGES, INCLUDING COVER:	12	

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#### MESSAGE:

Patent Application No.: 10/656,615; Our Ref. 89296.0055

I hereby centify that the following documents:

- ☑ Petition (or (2-mo) Extension of Time.

are being fac imiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

> May 22, 2006 Date of Deposit

Inanita Soberanis

(571) 273-8300 ART UNIT 2646 TELI COPY/FAX NUMBER: 89296,0055 CLIENT NUMBER: 73212 ATTORNI Y BILLING NUMBER: (571) 272-7494 Return fax to Juanita Soberanls CONI IRMATION NUMBER:

+213 337 6701

T-714 P.002/012 F-533

FORM PT:)-1083

17:02

Attorney Docket No. 89296.0055

Customer No. 26021 RECEIVED

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**CENTRAL FAX CENTER** 

In re application of:

Frank Steins

Serial No: 10/656,615 Confirmation No: 8018 Filed: September 5, 2003

For: Cone Forward Loudspeaker Assembly

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

Pention for (2-mo) Extension of Time.

Amendment.

Art Unit: Examiner:

Dabney, Phylesha Larvinia MAY 2 2 2006

I hereby certify that this correspondence Is being transmitted via facsimile to (571) 273-8300: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 on May 22, 2006 Date of Deposit

Juanita Soberanis Name 5/22/2006 unt

Date /Signature

The fee has been calculated as shown below:

le lee lias paeri o	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*		LG/SM 3 ENTITY FEE		ADD'L FEE DUE	
YOTAL ( JAIMS FEE	23	1-1	23		0	LG=\$60 SM≃\$25	\$50	\$	0	
INDEFIENDENT	5	1-1	5	***	0	LG=\$200 SM=\$100	\$200	\$	0	
CLAI 45 FEE LARGE ENTITY FEE = \$380 FIRST PI ESENTATION OF MULTIPLE DEPENDENT CLAIMS SMALL ENTITY FEE = \$180								\$		
ADDITIO: IAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)  \$250 FOR EACH ADDITIONAL 50 SHEETS								\$		
Independent Claim(s):						TOT	AL	\$	0	

If the entry in Col. 1 is less than the entry in Col. 2, while "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Pl-ase charge the amount of \$\_\_ to cover the additional claims fee to Deposit Account No. 50-1314. A

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The Commissioner is hereby authorized to charge any deficiencies of fees associated with this  $\boxtimes$ communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filling fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17 (X)

Respectfully submitted. HOGAN& HARTSON L.L.P.

Date: May 22, 2006

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By: Troy M. Schmelzer

Registration No. 36,667 Attomey for Applicant(s)